

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700



Check if different than previously reported. (ACC)

Washington

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00147066

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Walker, Donald L., , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Walker, Donald L., , Mr.,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">581209.30</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">420375.81</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">13663.34</span>	<span style="border: 1px solid black; padding: 2px;">393829.85</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">434039.15</span>	<span style="border: 1px solid black; padding: 2px;">975039.15</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">150000.00</span>	<span style="border: 1px solid black; padding: 2px;">691000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">284039.15</span>	<span style="border: 1px solid black; padding: 2px;">284039.15</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

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Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	11726.82	211969.60
(ii) Unitemized .....	1936.52	24360.25
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	13663.34	236329.85
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	157500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13663.34	393829.85
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13663.34	393829.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13663.34	393829.85

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	150000.00	688000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	3000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	150000.00	691000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	150000.00	691000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13663.34	393829.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13663.34	393829.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sunoo, Edward, , ,

Mailing Address 45 Londonderry Drive

City  
GreenwichState  
CTZip Code  
06830-3508FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Munich American Reassurance CompanyOccupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : 73707187

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Staver, Mary, , ,

Mailing Address 3509 Woodberry Place

City  
BettendorfState  
IAZip Code  
52722-6181FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Royal Neighbors of AmericaOccupation (for Individual)  
HR Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2016

Transaction ID : 73709826

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Richard, F, ,

Mailing Address 5705 Oakwood Rd

City  
Mission HillsState  
KSZip Code  
66208-1143FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fidelity Life Insurance CompanyOccupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : 74226207

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

4000.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Farrell, Kathleen, A, ,

Mailing Address 6543 Blue Ridge Lane

City  
LincolnState  
NEZip Code  
68516-5458FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Assurity Life Insurance CompanyOccupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 74226341

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Walker, Donald L., , Mr.,

Mailing Address 101 Constitution Ave, NW  
Suite 700City  
WashingtonState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life InsurersOccupation (for Individual)  
SVP, Administration & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1156427150182

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Parsazad, Mandana, , Ms.,

Mailing Address 1914 Horse Shoe Drive

City  
ViennaState  
VAZip Code  
22182-3755FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life InsurersOccupation (for Individual)  
Senior Counsel, Taxes & Retirement Se

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1481799850182

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Scott, E., Mr.,

Mailing Address 19 Cardinal Way

City

South Windsor

State

CT

Zip Code

06074-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vantis Life Insurance Company

Occupation (for Individual)

Senior Vice President &amp; COO

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.39

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1503555350182

Amount of Each Receipt this Period

43.34

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ficca, David, , Mr.,

Mailing Address 10075 Red Run Blvd

City

Owings Mills

State

MD

Zip Code

21117-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baltimore Life Insurance Company

Occupation (for Individual)

President &amp; Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1618052350182

Amount of Each Receipt this Period

38.46

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kiernan, Kathleen F., , Ms.,

Mailing Address 101 Constitution Ave, NW  
Suite 700

City

Washington

State

DC

Zip Code

20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Sr. Counsel, State Relations

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1728112750182

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$80.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

241.80

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cobb, Carolyn C., , Ms.,

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President & Associate General Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2203.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1821819650182

Amount of Each Receipt this Period

244.80

☐ Memo Item

P/R Deduction (\$122.40 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kempthorne, Dirk A., , The Honora,

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1871324550182

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Lisa, , ,

Mailing Address 800 North Magnolia Ave.  
Suite 1400

City  
Orlando

State  
FL

Zip Code  
32803-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hannover Life Reassurance Company of A

Occupation (for Individual)  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1871488850182

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

701.46

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Waidmann, Brian, , Mr.,

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Chief of Staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1872428350182

Amount of Each Receipt this Period

400.00

☐ Memo Item

P/R Deduction (\$200.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bautz, Peter J., , Mr.,

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President, Taxes and Retirement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1903849850182

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pyc, Jim, , ,

Mailing Address 9124 MidPines Court

City  
Orlando

State  
FL

Zip Code  
32819-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hannover Life Reassurance Company of A

Occupation (for Individual)  
EVP, financial Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1948888450182

Amount of Each Receipt this Period

24.00

☐ Memo Item

P/R Deduction (\$12.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

464.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Peduzzi, Anita, , ,

Mailing Address 101 Constitution Avenue  
Suite 700 W

City  
Washington

State  
DC

Zip Code  
20001-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
PAC Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1978714950182

Amount of Each Receipt this Period

83.34

☐ Memo Item

P/R Deduction (\$41.67 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mauthe, Joshua T., , ,

Mailing Address 2210 12th St NW

City  
Washington

State  
DC

Zip Code  
20009-4404

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Meeting Planner-Special Projects Coord

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR1978715650182

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sowers, Seaver J., J., ,

Mailing Address 101 Constitution Avenue NW

City  
Washington

State  
DC

Zip Code  
20001-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Director, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2018796050182

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

153.34

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shanahan, Christopher, , ,

Mailing Address 200 South Orange Avenue  
Suite 1900

City  
Orlando

State  
FL

Zip Code  
32801-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hannover Life Reassurance Company of A

Occupation (for Individual)

EVP, Mortality Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2019035050182

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Najjar, Steve, , ,

Mailing Address 200 South Orange Avenue  
Suite 1900

City  
Orlando

State  
FL

Zip Code  
32801-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hannover Life Reassurance Company of A

Occupation (for Individual)

EVP, Sr. Mkts/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2019035150182

Amount of Each Receipt this Period

375.00

☐ Memo Item

P/R Deduction (\$375.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burt, Jeffrey, , ,

Mailing Address 200 South Orange Avenue  
Suite 1900

City  
Orlando

State  
FL

Zip Code  
32801-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hannover Life Reassurance Company of A

Occupation (for Individual)

EVP, Financial Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2019035250182

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gomez, Mariana E., E.,**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR2122881850182**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Micale, Emily C., C.,**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR2122882050182**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Szostek, James, , ,**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR2122891050182**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Steger, Ian F., F.,**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Legislative Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2160513750182**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Friedland, Bruce, , ,**

Mailing Address 200 Day Hill Road

City  
Windsor

State  
CT

Zip Code  
06095-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vantis Life Insurance Company

Occupation (for Individual)  
SVP & Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.39

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2285776950182**

Amount of Each Receipt this Period

43.34

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelly, Christopher, , ,**

Mailing Address 10 East Tomstead Road

City  
Simsbury

State  
CT

Zip Code  
06070-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vantis Life Insurance Company

Occupation (for Individual)  
AVP Life Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR2285777050182**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

133.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lataille, Gail, , ,

Mailing Address 256 Stanley Dr

City  
Glastonbury

State  
CT

Zip Code  
06033-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vantis Life Insurance Company

Occupation (for Individual)  
SVP & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.39

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2285777150182

Amount of Each Receipt this Period

43.34

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Simms, Craig, , ,

Mailing Address 200 Day Hill Road

City  
Windsor

State  
CT

Zip Code  
06095-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vantis Life Insurance Company

Occupation (for Individual)  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.39

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2285777750182

Amount of Each Receipt this Period

43.34

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Spencer, III, Richard, , ,

Mailing Address 4300 Carriage Ct

City  
Kensington

State  
MD

Zip Code  
20895-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baltimore Life Insurance Company

Occupation (for Individual)  
VP & Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2285778250182

Amount of Each Receipt this Period

22.00

☐ Memo Item

P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

108.68



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tedone, Peter, , ,

Mailing Address 32 Lincoln Lane

City  
WeatogueState  
CTZip Code  
06089-9780FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vantis Life Insurance CompanyOccupation (for Individual)  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.39

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2285778850182

Amount of Each Receipt this Period

43.34

☐ Memo Item

P/R Deduction (\$21.67 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bard, Howard M., M., ,

Mailing Address 101 Constitution Ave, NW  
Suite 700City  
WashingtonState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life InsurersOccupation (for Individual)  
Vice President Taxes & Retirement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2348687150182

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rose, Regina Y., Y., ,

Mailing Address 101 Constitution Ave, NW  
Suite 700City  
WashingtonState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life InsurersOccupation (for Individual)  
Vice President Taxes & Retirement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2348687250182

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

143.34

TOTAL This Period (last page this line number only).....▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burton, Larry D., D., ,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR2348687350182**

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perkins, Rodney A., , ,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
VP Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR2352660550182**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Trinidad, Katherine E., , ,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
SVP, Communications & Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1354.21

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR2414517850182**

Amount of Each Receipt this Period

208.34

☐ Memo Item

P/R Deduction (\$104.17 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Watson, Ronda, , ,

Mailing Address 200 South Orange Avenue  
Suite 1900

City  
Orlando

State  
FL

Zip Code  
32801-3440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hannover Life Reassurance Company of A

Occupation (for Individual)

EVP Financial Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR2485452650182

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hughes, Gary E., , Mr.,

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Executive Vice President &amp; General Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3382.19

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR771358250182

Amount of Each Receipt this Period

375.80

☐ Memo Item

P/R Deduction (\$187.90 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cunningham, Linda H., , Ms.,

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City

Washington

State

DC

Zip Code

20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Vice President, Conference Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1107.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR771362450182

Amount of Each Receipt this Period

123.00

☐ Memo Item

P/R Deduction (\$61.50 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

748.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dolan, John F., , Mr.,

Mailing Address 101 Constitution Ave, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR771365450182

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ferguson, J. Bruce, , Mr.,

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2933.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR771373250182

Amount of Each Receipt this Period

325.94

☐ Memo Item

P/R Deduction (\$162.97 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leifer, David M., , Mr.,

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President & Associate General Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1656.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR771374050182

Amount of Each Receipt this Period

184.00

☐ Memo Item

P/R Deduction (\$92.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

569.94

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hall, James D., , Mr.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR771374350182**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cox, C. Bryan, , Mr.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.46

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR771376850182**

Amount of Each Receipt this Period

61.94

☐ Memo Item

P/R Deduction (\$30.97 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Mangan, John W., , Mr., CEBS**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR771377150182**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

291.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Palacios, Maria L., , Ms.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Managing Director, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.50

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR771408850182**

Amount of Each Receipt this Period

22.50

☐ Memo Item

P/R Deduction (\$11.25 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Graham, Paul S., S., Mr., III**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

SVP, Insurance Regulation & Chief Act

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR771412650182**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goff, Morris R., , Mr.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1926.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR771419350182**

Amount of Each Receipt this Period

214.00

☐ Memo Item

P/R Deduction (\$107.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

276.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 46

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. West, Debra K., , Ms.,**Mailing Address 101 Constitution Avenue, NW  
Suite 700 WestCity  
WashingtonState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Regional Vice President, State Relatio

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016**Transaction ID : PR771421050182**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lovendusky, Michael, , Mr.,**Mailing Address 101 Constitution Ave, NW  
Suite 700City  
WashingtonState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Vice President &amp; Associate General Co

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016**Transaction ID : PR771421150182**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Janoska, Jeffry J., , Mr.,**Mailing Address 101 Constitution Avenue, NW  
Suite 700City  
WashingtonState  
DCZip Code  
20001-2133FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Council of Life Insurers

Occupation (for Individual)

Senior Policy Analyst

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

237.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016**Transaction ID : PR771423150182**

Amount of Each Receipt this Period

26.44

☐ Memo Item

P/R Deduction (\$13.22 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

166.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tate, Lisa J., , Ms.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
VP, Litigation & Assoc. Gen. Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771423250182**

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gerni, John P., John P., Mr.,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771428750182**

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Turner, David C., , Mr.,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
EVP, Chief of Staff & Corp. Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2584.45

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771428950182**

Amount of Each Receipt this Period

287.16

☐ Memo Item

P/R Deduction (\$143.58 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

517.16



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, Kynondo, , Mr.,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Legal Editor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.56

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771439650182**

Amount of Each Receipt this Period

24.84

☐ Memo Item

P/R Deduction (\$12.42 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Dent, Alane R., , Ms.,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1962.72

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771444350182**

Amount of Each Receipt this Period

218.08

☐ Memo Item

P/R Deduction (\$109.04 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dixon, Thomas Scott, , Mr.,**

Mailing Address 101 Constitution Avenue NW  
Suite 700 West

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Finance Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771444950182**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

282.92



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Melnyk, Andrew M., , Mr.,**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Managing Director, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.10

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771445850182**

Amount of Each Receipt this Period

43.90

☐ Memo Item

P/R Deduction (\$21.95 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Spiezio, Julie A., , Ms.,**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771449650182**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bruins, John K., , Mr.,**

Mailing Address 101 Constitution Avenue NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Senior Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

329.40

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR771450150182**

Amount of Each Receipt this Period

36.60

☐ Memo Item

P/R Deduction (\$18.30 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perkins, Maurice A., , Mr.,**

Mailing Address 101 Constitution Ave, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3749.94

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR805149150182**

Amount of Each Receipt this Period

416.66

☐ Memo Item

P/R Deduction (\$208.33 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mehlman, Wayne A., , Mr.,**

Mailing Address 101 Constitution Avenue, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20001-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Council of Life Insurers

Occupation (for Individual)  
Counsel, Insurance Regulation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR904819550182**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

466.66

11726.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Denny Heck For Congress**

Mailing Address PO Box 235

City  
OlympiaState  
WAZip Code  
98507

Purpose of Disbursement

Void - Denny Heck for Congress - Issued 03/18/16 - Lost Check

011

Category/  
Type

Candidate Name

**Heck, Denny, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

**C** C00472159**Transaction ID : 73437247**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item Void - Denny Heck for Congress -  
Issued 03/18/16 - Lost Check

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City  
OlympiaState  
WAZip Code  
98507

Purpose of Disbursement

Political Contribution

011

Category/  
Type

Candidate Name

**Heck, Denny, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00472159**Transaction ID : 73720312**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carlos Curbelo Congress**

Mailing Address 8724 SW 72nd St

City  
MiamiState  
FLZip Code  
33173

Purpose of Disbursement

Political Contribution

011

Category/  
Type

Candidate Name

**Curbelo, Carlos, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00546846**Transaction ID : 73721052**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joe Wilson for Congress**

Mailing Address P.O. Box 2145

City  
West ColumbiaState  
SCZip Code  
29171Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Wilson, Joe, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00368522**Transaction ID : 73721493**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bob Casey For Senate Inc**

Mailing Address P.O. Box 58746

City  
PhiladelphiaState  
PAZip Code  
19102Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Casey, Robert, , Sen., Jr.**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00431056**Transaction ID : 73722219**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bob Casey For Senate Inc**

Mailing Address P.O. Box 58746

City  
PhiladelphiaState  
PAZip Code  
19102Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Casey, Robert, , Sen., Jr.**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00431056**Transaction ID : 73722223**

Amount of Each Disbursement this Period

500.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dold For Congress**

Mailing Address PO Box 6312

City  
LibertyvilleState  
ILZip Code  
60048Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Dold, Robert, , Rep.,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: IL

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00465971**Transaction ID : 73722224**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Holding, George, , Rep.,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: NC

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00499236**Transaction ID : 73722228**

Amount of Each Disbursement this Period

3500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans for Senator John Cornyn Inc.**

Mailing Address P.O. Box 13026

City  
AustinState  
TXZip Code  
78711Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Cornyn, John, , Sen.,**

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

State: TX

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00369033**Transaction ID : 73722230**

Amount of Each Disbursement this Period

4000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Blumenauer For Congress**Mailing Address 901 SE Oak Street  
Suite 105City  
PortlandState  
ORZip Code  
97214Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Blumenauer, Earl, , Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: OR

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00307314

Transaction ID : 73722231

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Susan Davis For Congress**

Mailing Address P.O. Box 84049

City  
San DiegoState  
CAZip Code  
92138Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Davis, Susan, , Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 53

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00344671

Transaction ID : 73722238

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City  
TopekaState  
KSZip Code  
66601Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Jenkins, Lynn, , Rep.,

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: KS

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00433730

Transaction ID : 73722241

Amount of Each Disbursement this Period

4000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Randy Hultgren For Congress**

Mailing Address PO Box 717

City  
St. CharlesState  
ILZip Code  
60174Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Hultgren, Randy, , Rep.,

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 14

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00467522

Transaction ID : 73722242

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Heller For Senate**

Mailing Address PO Box 371907

City  
Las VegasState  
NVZip Code  
89137Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Heller, Dean, , Sen.,

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00494229

Transaction ID : 73722243

Amount of Each Disbursement this Period

1500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Heller For Senate**

Mailing Address PO Box 371907

City  
Las VegasState  
NVZip Code  
89137Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Heller, Dean, , Sen.,

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00494229

Transaction ID : 73722244

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mario Diaz-Balart For Congress**Mailing Address 8724 SW 72nd Street  
#420City  
MiamiState  
FLZip Code  
33173Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Diaz-Balart, Mario, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 25

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00376087**Transaction ID : 73722245**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. John Lewis for Congress**

Mailing Address P.O. Box 2323

City  
AtlantaState  
GAZip Code  
30301Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Lewis, John, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00202416**Transaction ID : 73722246**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Boustany for Senate Inc**

Mailing Address P.O. Box 80126

City  
LafayetteState  
LAZip Code  
70598Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Boustany, Charles, , Rep., Jr.**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00394866**Transaction ID : 73722247**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dick Durbin**

Mailing Address P O Box 1949

City  
SpringfieldState  
ILZip Code  
62705Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Durbin, Richard, , Sen.,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2020

☒ Primary☐ General☐ Other (specify) ▼

State: IL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00148999**Transaction ID : 73722252**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marco Rubio For Senate 2016**

Mailing Address P.O. Box 661537

City  
MiamiState  
FLZip Code  
33266Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Rubio, Marco, , Sen.,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify)

State: FL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00620518**Transaction ID : 73722253**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Boozman For Arkansas**

Mailing Address PO Box 671

City  
RogersState  
ARZip Code  
72757Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Boozman, John, , Sen.,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: AR

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00476317**Transaction ID : 73722254**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scott For Congress**

Mailing Address Post Office Box 251

City  
Newport NewsState  
VAZip Code  
23607Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Scott, Robert, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00256925**Transaction ID : 73722256**

Amount of Each Disbursement this Period

3000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City  
BloomingtonState  
INZip Code  
47402Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Young, Todd, , Rep.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00459255**Transaction ID : 73722257**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City  
TempeState  
AZZip Code  
85285Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Sinema, Kyrsten, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00508804**Transaction ID : 73722258**

Amount of Each Disbursement this Period

1500.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of John Delaney**

Mailing Address PO Box 70835

City  
BethesdaState  
MDZip Code  
20813Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Delaney, John, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

FEC Identification Number

C C00508416

**Transaction ID : 73722259**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address P.O. Box 10847

City  
RochesterState  
NYZip Code  
14610Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Reed, Tom, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

FEC Identification Number

C C00464032

**Transaction ID : 73722260**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Diane Black For Congress**

Mailing Address PO Box 1437

City  
GallatinState  
TNZip Code  
37066Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Black, Diane, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

FEC Identification Number

C C00472878

**Transaction ID : 73722261**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Capuano For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

Mailing Address PO Box 440305

City  
SomervilleState  
MAZip Code  
02144Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Capuano, Michael, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA

District: 07

FEC Identification Number

C C00336388

**Transaction ID : 73722262**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mark Pocan For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

Mailing Address PO Box 327

City  
MadisonState  
WIZip Code  
53701Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Pocan, Mark, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 02

FEC Identification Number

C C00502179

**Transaction ID : 73722325**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Frank Guinta**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

Mailing Address PO Box 877

City  
ManchesterState  
NHZip Code  
03105Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Guinta, Frank, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH

District: 01

FEC Identification Number

C C00461350

**Transaction ID : 73722326**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rothfus For Congress**

Mailing Address PO Box 435

City  
SewickleyState  
PAZip Code  
15143Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Rothfus, Keith, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00497115

**Transaction ID : 73722327**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City  
ColumbiaState  
SCZip Code  
29211Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Clyburn, James, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00255562

**Transaction ID : 73722619**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Sean Patrick Maloney For Congress**

Mailing Address P.O. Box 270

City  
NewburghState  
NYZip Code  
12550Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Maloney, Sean, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00512426

**Transaction ID : 73722624**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People For Derek Kilmer**

Mailing Address PO Box 1381

City  
TacomaState  
WAZip Code  
98402Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Kilmer, Derek, , Rep.,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: WA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00514893**Transaction ID : 73722716**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Adrian Smith For Congress**Mailing Address 3321 Avenue I  
Suite 6City  
ScottsbluffState  
NEZip Code  
69361Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Smith, Adrian, , Rep.,**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify)

State: NE

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00412890**Transaction ID : 73722720**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address PO Box 425

City  
RoswellState  
GAZip Code  
30077Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Price, Thomas, , Rep., M.D.**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: GA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00386755**Transaction ID : 73722724**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sherman for Congress**Mailing Address 777 S. Figueroa St  
Suite 4050City  
Los AngelesState  
CAZip Code  
90017Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Sherman, Brad, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 30

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00308742

**Transaction ID : 73722728**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Beatty For Congress**Mailing Address 222 East Town Street  
Suite 2WCity  
ColumbusState  
OHZip Code  
43215Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Beatty, Joyce, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00507368

**Transaction ID : 73722730**

Amount of Each Disbursement this Period

500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Luke Messer For Congress**

Mailing Address PO Box 917

City  
ShelbyvilleState  
INZip Code  
46176Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Messer, Luke, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00460667

**Transaction ID : 73722734**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee**

Mailing Address PO Box 1496

City  
LouisvilleState  
KYZip Code  
40201Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**McConnell, Mitch, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00193342

**Transaction ID : 73722736**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Yoder For Congress, Inc**

Mailing Address PO Box 26742

City  
Overland ParkState  
KSZip Code  
66225Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Yoder, Kevin, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00472365

**Transaction ID : 73722782**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vargas For Congress**

Mailing Address 330 Encinitas Blvd

City  
EncinitasState  
CAZip Code  
92024Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Vargas, Juan, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 51

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00497321

**Transaction ID : 73722996**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8000.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Virginia Foxx For Congress**

Mailing Address P.O. Box 2676

City  
BooneState  
NCZip Code  
28607Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Foxx, Virginia, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00386748**Transaction ID : 73723250**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Shelby for US Senate**

Mailing Address P.O. Box 1091

City  
TuscaloosaState  
ALZip Code  
35403Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Shelby, Richard, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00193623**Transaction ID : 73723466**

Amount of Each Disbursement this Period

4000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City  
VisaliaState  
CAZip Code  
93290Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Nunes, Devin, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00370056**Transaction ID : 73723497**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scalise For Congress**

Mailing Address P.O. Box 23219

City  
JeffersonState  
LAZip Code  
70183Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Scalise, Steve, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00394957

**Transaction ID : 73723499**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Huizenga For Congress**

Mailing Address P.O. Box 254

City  
ZeelandState  
MIZip Code  
49464Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Huizenga, Bill, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00459297

**Transaction ID : 73723500**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Linda Sanchez**Mailing Address 410 1st Street SE  
Suite 310City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Sanchez, Linda, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 38

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00384057

**Transaction ID : 73723501**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cleaver For Congress**Mailing Address 4801 Main Street  
Suite 1000City  
Kansas CityState  
MOZip Code  
64112Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Cleaver, Emanuel, , Rep., II**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: MO

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00395848**Transaction ID : 73723504**

Amount of Each Disbursement this Period

2500.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
LyndoraState  
PAZip Code  
16045Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Kelly, Mike, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00474189**Transaction ID : 73723508**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Katko For Congress**Mailing Address 228 S Washington Street  
Suite 115City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Katko, John, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NY

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

**C** C00556365**Transaction ID : 73723512**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Poliquin For Congress**

Mailing Address PO Box 50

City  
OaklandState  
MEZip Code  
04963Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Poliquin, Bruce, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00518654

**Transaction ID : 73723514**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lucas for Congress**

Mailing Address PO Box 1726

City  
Oklahoma CityState  
OKZip Code  
73101Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Lucas, Frank, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OK

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00287912

**Transaction ID : 73723517**

Amount of Each Disbursement this Period

2000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Giving Willingly Empowering Nationally (GWEN) PAC**

Mailing Address PO Box 75357

City  
WashingtonState  
DCZip Code  
20013Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Giving Willingly Empowering Nationally (GWEN) PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00431478

**Transaction ID : 73723530**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Healthcare Freedom Fund**

Mailing Address P.O. Box 2485

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Healthcare Freedom Fund**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00528414

**Transaction ID : 73723534**

Amount of Each Disbursement this Period

1000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Prosperity Action Inc.**

Mailing Address 320 1st Street SE

City  
WashingtonState  
DCZip Code  
22314Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Prosperity Action Inc.**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00377689

**Transaction ID : 73723538**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Synergy PAC**Mailing Address 6849 Old Dominion Drive  
Suite 222City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**Synergy PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C C00409623

**Transaction ID : 73723542**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	1	0	0	0	0								
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Council of Life Insurers Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Eye of the Tiger Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

**The Eye of the Tiger Political Action Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00467431

**Transaction ID : 73725166**

Amount of Each Disbursement this Period

5000.00

Political Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

150000.00